## **MILLVILLE PUBLIC SCHOOLS**

P.O. Box 5010, Millville, NJ 08332

Office	Use	Only

Professional Improvement Policy

## **REQUEST FOR COURSE APPROVAL**

NAME: \_\_\_\_\_\_ DATE: \_\_\_\_\_

SCHOOL: _		POSITION:	
NAME OF C	OLLEGE:		
TITLE OF CO	OURSE:	<del></del>	
Graduate or	Undergraduate course (sta	ate which):	
• Impor	`	f Credits to be paid at the Stockton University Rate. Refer to	
Term course	is to be taken: Fall Spri	ring Summer * please circle Year	
Credits:		Employee Signature	
	escribed course work is application in the second course work is application.	oproved for reimbursement as provided by our	
	Date Superintendent		
for courses ta	ken beyond the required non	ne Board of Education provides for reimbursement for tuition degree certification or the Bachelor's degree, to a maximum <b>September 1</b> <sup>st</sup> <b>through August 31st.</b>	
reques confirm • <i>Upon</i> by sub college Vouch	eted to submit this form to the Honation email.  completion of the course(s), the mitting the following documents be funiversity, 2) final grade for the	which reimbursement will be requested, staff members are Human Resources office. If approved, you will receive a the staff member may request reimbursement under the policy ts: 1) an <b>itemized</b> receipt (marked "paid") from the he course from college/university and 3) a signed Millville BOE is of completing the course.	
		Office Use Only	
2/2016 km Request for Course Approval	Request for Course Approval.doc	Submitted for payment date:	
		Amount Paid: REQ#:	
		Credits Paid: Grade: Initials:	